

Welcome

Please stand by. We will begin shortly.

50th Anniversary of the Surgeon General's Report on Smoking and Health: Where Are We Now?

Tuesday, January 28, 2014 · 12:30pm ET (90 minutes)



Moderator



Catherine Saucedo

- Deputy Director,
Smoking Cessation Leadership
Center, University of California,
San Francisco
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50th Anniversary of the Surgeon General's Report on Smoking and Health: Where Are We Now?

Webinar objectives

- Understand the context and impact of the 1964 Surgeon General's Report on Smoking and Health
- Describe the current status of the smoking prevalence both in general and in various priority populations
- Identify the greatest threats towards reducing tobacco use
- Describe the promising practices to curb the use of tobacco products

Agenda

- **Welcome**
 - Catherine Saucedo
- **A Half Century of Progress**
 - Michael C. Fiore, MD, MPH, MBA
- **Q&A**
- **Where Are We Now?**
 - Howard K. Koh, MD, MPH
- **Q&A**
- **Closing Remarks**

Disclosure: Faculty speaker, moderator, and planning committee members have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

Poll Question

In 2012, the U.S. adult smoking prevalence was 18.1%.¹

What was the smoking prevalence in 1964?

A. 32.7%

B. 42.7%²

C. 52.7%

D. 62.7%

¹ CDC. (June 2013). Early Release of Selected Estimates Based on Data From the 2012 National Health Interview Survey.

² U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

Today's Speaker



UW-CTRI
UNIVERSITY OF WISCONSIN
Center for Tobacco
Research & Intervention

Michael C. Fiore, MD, MPH, MBA

- Professor of Medicine, University of Wisconsin
- Director, Center for Tobacco Research and Intervention, University of Wisconsin



UW-CTRI

UNIVERSITY OF WISCONSIN

Center for Tobacco
Research & Intervention

50th Anniversary of the Surgeon General's Report: ***A Half Century of Progress***

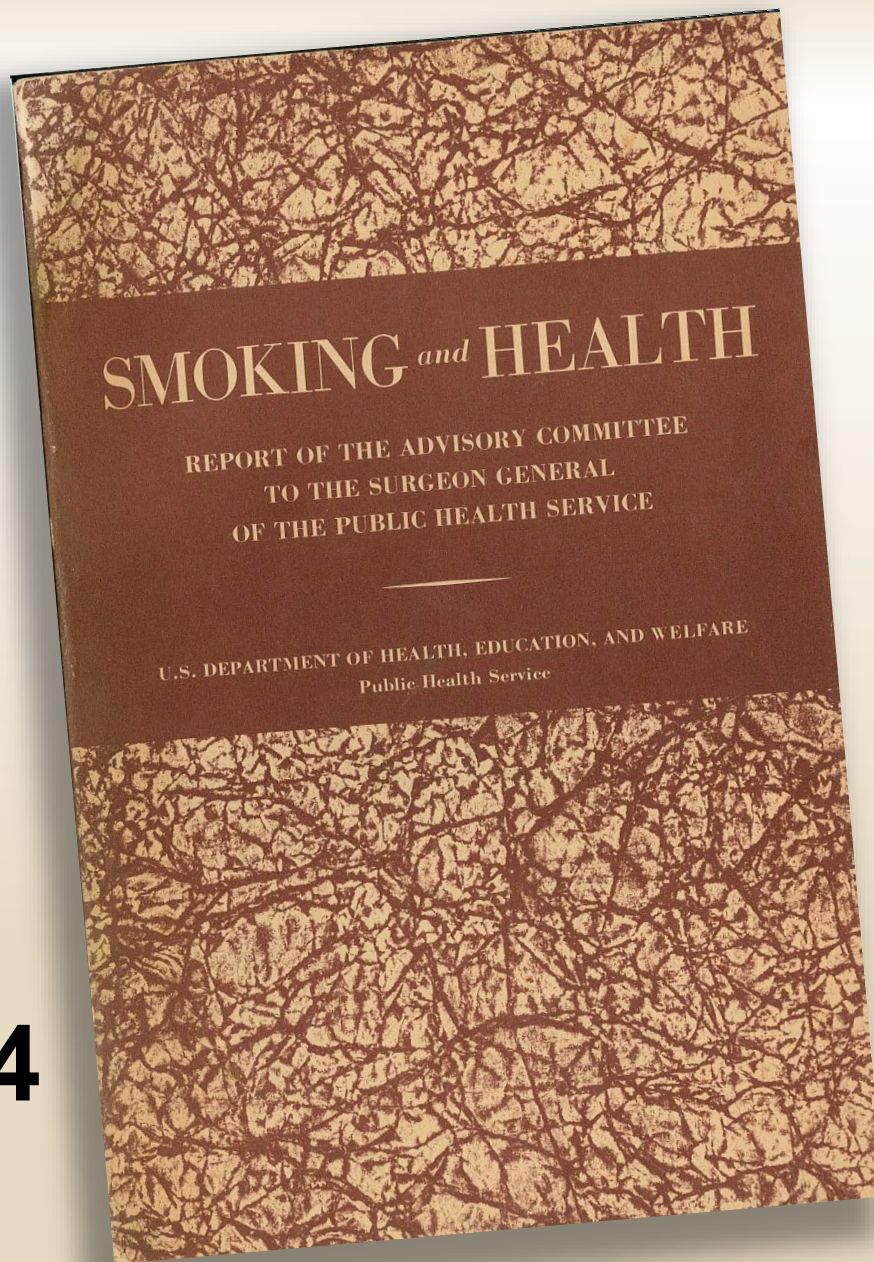
Michael Fiore, MD, MPH, MBA
Professor of Medicine
Director, Center for Tobacco Research & Intervention
University of Wisconsin School of Medicine and Public Health

January 28, 2014

SURGEON GENERAL'S REPORT
ON SMOKING & HEALTH

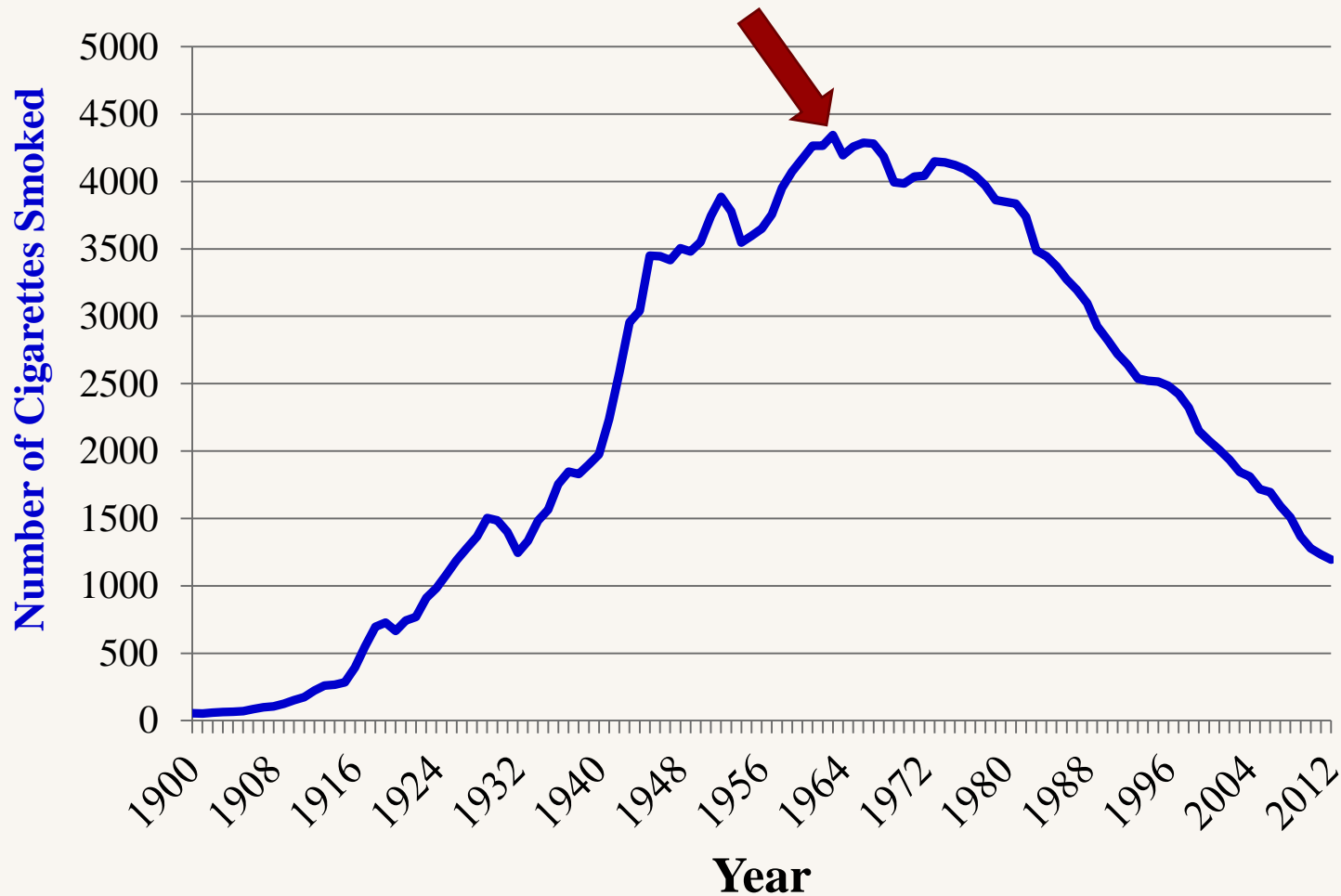
50TH
ANNIVERSARY

1964 - 2014



1964

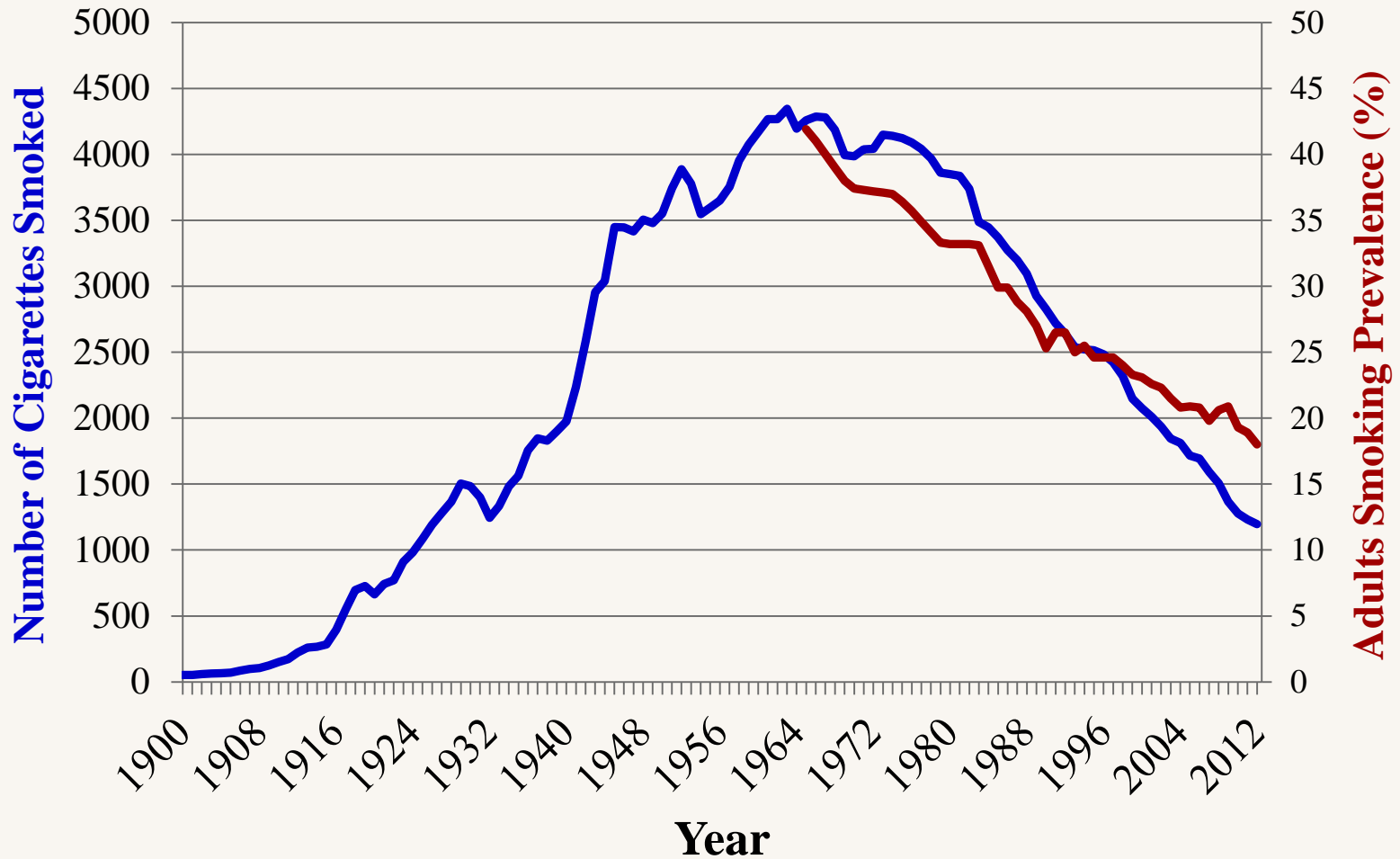
Adult Per Capita Annual Cigarette Consumption (1900-2012), United States



Adult Smoking Prevalence (1965-2012), United States



Adult Per Capita Annual Cigarette Consumption (1900-2012) and Smoking Prevalence (1965-2012), United States



What is Responsible for this Decline?

Since release of the first Surgeon General's Report, five factors in particular contributed to turning the tide against tobacco use in the United States.

Cole H, Fiore MC. The war against tobacco: 50 years and counting. JAMA. 2014;311(2):131-132.

1. The Dangers of Second Hand Smoke

Environmental Tobacco Smoke documented as a danger to nonsmokers in the 1986 Surgeon General's Report.

RESULT: 26 states and the District of Columbia now ban smoking in enclosed public spaces.

2. Tobacco is Addictive

The 1988 Surgeon General's Report documented that tobacco use is an addiction, with nicotine as the primary addictive component.

RESULT: Smoking no longer considered a “bad habit” or “behavior of choice.”

3. Public Health Policies

Key public health policies have targeted smoking:

- cigarette excise tax increases
- clean indoor air laws
- efforts to prevent adolescents from purchasing tobacco.

RESULT: Lower smoking rates.

4. Litigation

Litigation by private individuals, the states, and the US Department of Justice pressured the tobacco industry in powerful ways:

- The Master Settlement Agreement of 1998 mandated that the tobacco industry pay the states a total of \$246 billion over 25 years
- Department of Justice verdict in 2006 found the tobacco industry guilty of racketeering.

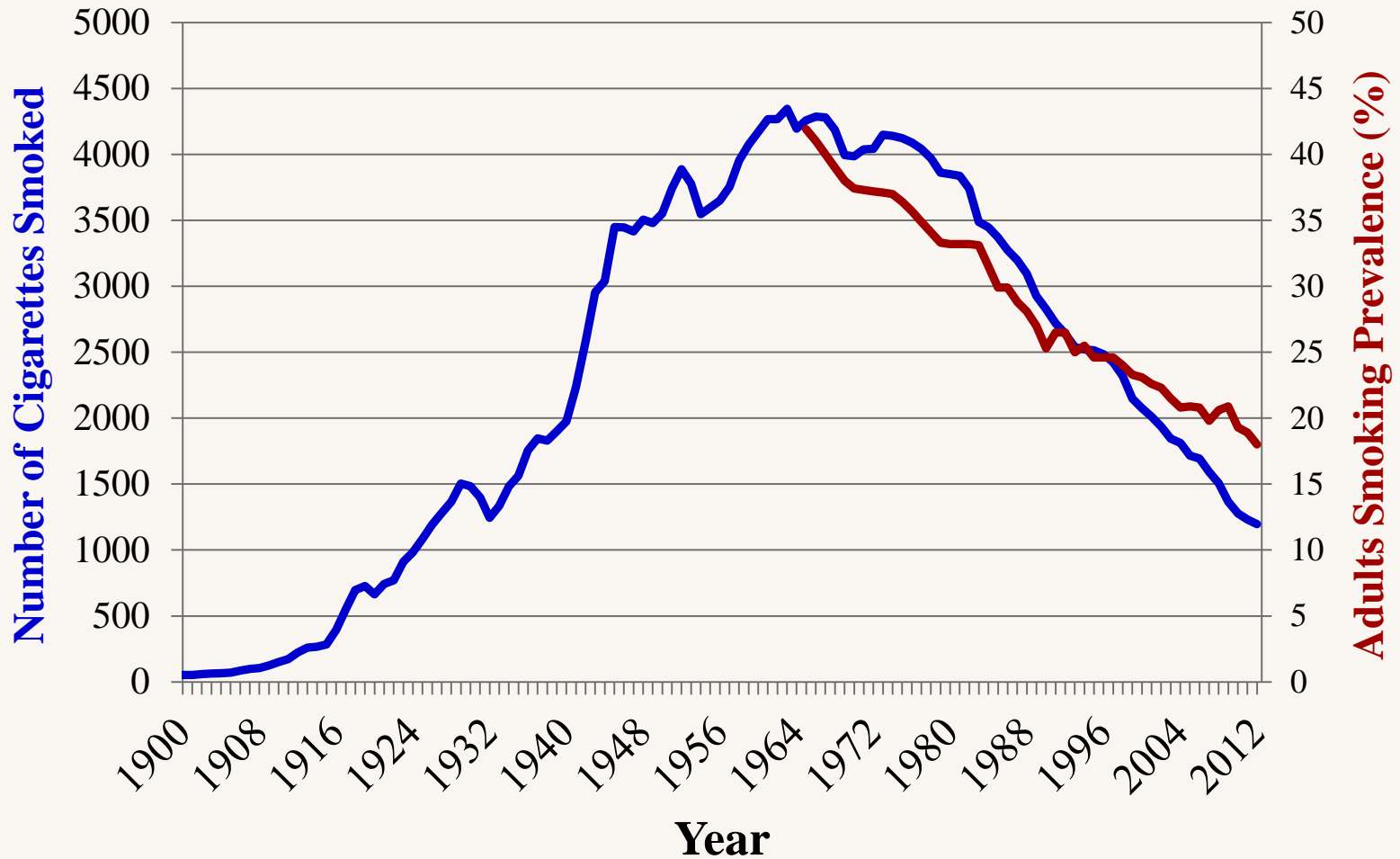
RESULT: Cost the tobacco industry, and made them defend themselves and release key documents.

5. Evidence-Based Cessation Treatments

Evidence-based smoking cessation treatments have been developed that substantially increase the likelihood of successful quitting.

RESULT: More smokers visiting health care clinics are now treated for tobacco dependence

Adult Per Capita Annual Cigarette Consumption (1900-2012) and Smoking Prevalence (1965-2012), United States



The Health Consequences
of Smoking—50 Years of Progress

A Report of the Surgeon General



U.S. Department of Health and Human Services

2014

Major Conclusions from the 2014 Report

Major Conclusions from the 2014 Report

- The century-long epidemic of cigarette smoking has caused an enormous avoidable public health tragedy. Since the first Surgeon General's report in 1964 more than 20 million premature deaths can be attributed to cigarette smoking.

Major Conclusions from the 2014 Report

- The tobacco epidemic was initiated and has been sustained by the aggressive strategies of the tobacco industry, which has deliberately misled the public on the risks of smoking cigarettes.

Major Conclusions from the 2014 Report

- Since the 1964 Surgeon General's report, cigarette smoking has been causally linked to diseases of nearly all organs of the body, to diminished health status, and to harm to the fetus. Even 50 years after the first Surgeon General's report, research continues to newly identify diseases caused by smoking, including such common diseases as diabetes mellitus, rheumatoid arthritis, and colorectal cancer.

Major Conclusions from the 2014 Report

- Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.

Major Conclusions from the 2014 Report

- The disease risks from smoking by women have risen sharply over the last 50 years and are now equal to those for men for lung cancer, chronic obstructive pulmonary disease, and cardiovascular diseases.

Major Conclusions from the 2014 Report

- In addition to causing multiple diseases, cigarette smoking has many adverse effects on the body, such as causing inflammation and impairing immune function.

Major Conclusions from the 2014 Report

- Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.

Major Conclusions from the 2014 Report

- Since the 1964 Surgeon General's report, comprehensive tobacco control programs and policies have been proven effective for controlling tobacco use. Further gains can be made with the full, forceful, and sustained use of these measures.

Major Conclusions from the 2014 Report

- The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.

Major Conclusions from the 2014 Report

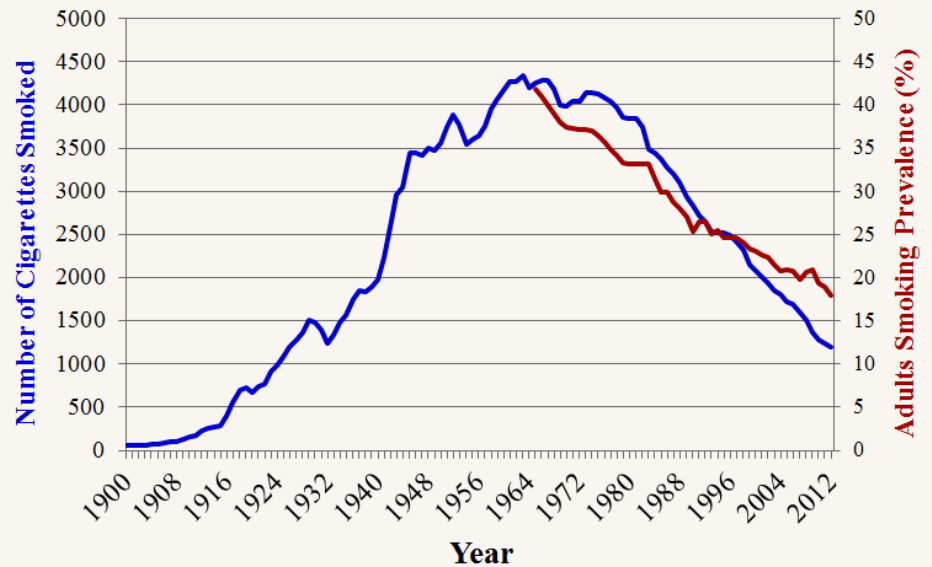
- For 50 years, the Surgeon General's reports on smoking and health have provided a critical scientific foundation for public health action directed at reducing tobacco use and preventing tobacco-related disease and premature death.

SURGEON GENERAL'S REPORT
ON SMOKING & HEALTH

50TH
ANNIVERSARY

1964 - 2014

Adult Per Capita Annual Cigarette
Consumption (1900-2012) and Smoking
Prevalence (1965-2012), United States



SURGEON GENERAL'S REPORT
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Questions?



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Research & Intervention

Questions and Answers



Steven A. Schroeder, MD

- Director, Smoking Cessation Leadership Center
- Distinguished Professor of Health and Health Care, Department of Medicine, UCSF

Questions and Answers



- Feel free to submit questions via the **chat box**

Today's Speaker

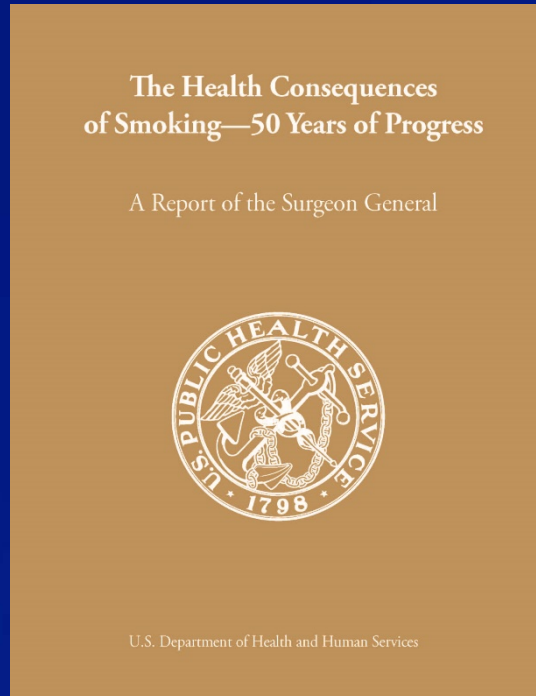
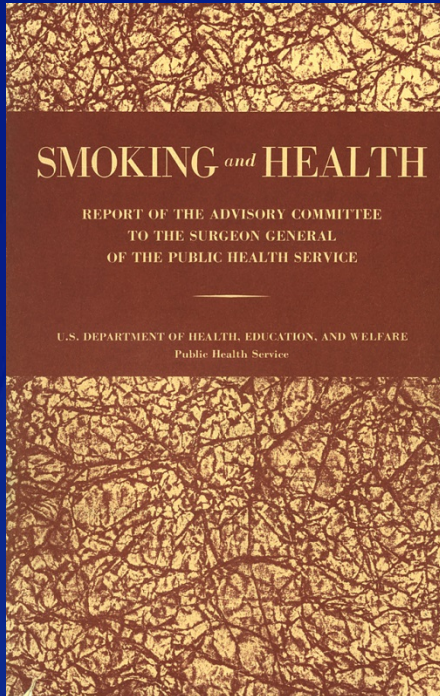


Howard K. Koh, MD, MPH

- Assistant Secretary for Health, U.S. Department of Health and Human Services



50th Anniversary of the Surgeon General's Report on Smoking and Health: Where Are We Now?



Howard K. Koh, MD, MPH
Assistant Secretary for Health
U.S. Department of Health and Human Services

Tobacco Control: Current Status

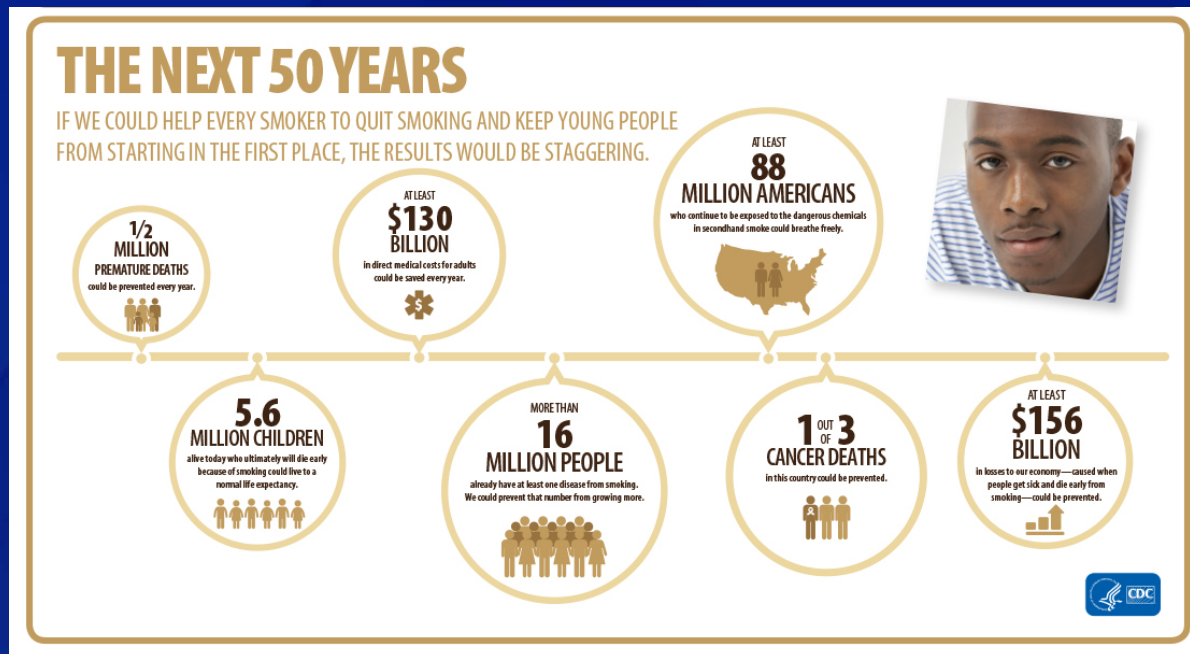
- ❑ **The release of the 50th Anniversary Surgeon General's Tobacco Report marked a momentous occasion in history of public health.**
- ❑ **While tremendous progress has been made since 1964, the decline in tobacco use has slowed:**
 - In the last 50 years, the smoking rate in the United States has been cut by more than one-half (from 42.7% in 1965 to 18% in 2012)
- ❑ **Ending the burden of avoidable disease and premature death will require additional action.**

Progress Must Be Made

- **If more rapid progress is not made in tobacco control:**
 - High levels of smoking-attributable disease and death costs will persist for decades.
 - The nearly 500,000 annual premature deaths due to smoking and exposure to tobacco smoke is projected to continue well into the middle of this twenty-first century.
 - The burden of death and disease from tobacco use in the United States will continue to be overwhelmingly caused by cigarettes and other combusted tobacco products.

Goals

- ❑ Create a society free from tobacco-related illness and death: eliminate tobacco use.
- ❑ Reduce smoking rate to less than 10% in youth and adults by 2024.



Implementing Tobacco Control Policies

- ❑ In 2010 to rejuvenate and reinvigorate our national tobacco control efforts HHS released its first ever strategic plan for tobacco control.
 - **Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan**
 - *Provides the critical framework used to guide and coordinate our efforts to end the epidemic.*
 - **Ending the Tobacco Problem: A Blueprint for the Nation (IOM)**
 - *Evidence-based tobacco control interventions continue to be underutilized and implemented at far below CDC-recommended funding levels.*

Saving Millions of Lives – Doing Much More

□ Essential Commitments:

- High impact media campaigns;
- Full access to cessation counseling and FDA-approved medication treatment for smokers;
- Fully funded comprehensive statewide tobacco control programs, at the CDC-recommended levels;
- Higher prices on cigarettes and other tobacco products that will drive down consumption;
- Complete protection of the entire country through smoke-free indoor air policies; and
- Effective implementation of FDA's tobacco product regulation authorities/

Accelerate the National Movement-High Impact Media Campaigns

- ❑ Counteract industry marketing with *sustained* national media campaigns:
- ❑ Action: CDC's Tips from Former Smokers campaign
- ❑ Action: FDA's youth prevention campaigns



TIPS FROM
FORMER
SMOKERS



Saving Millions of Lives – Full Access

- ❑ **Smokers who want to quit should have easy access to affordable smoking cessation treatments.**
- ❑ **Action: Fulfill the opportunity of the Affordable Care Act to provide barrier-free, proven tobacco cessation treatment to all smokers**
 - Under the ACA all new private plans are required to cover preventive services, including tobacco cessation. And all Medicaid programs are required to cover tobacco cessation for pregnant women.



Saving Millions of Lives – Doing Much More

- ❑ **Make smoking the exception – not the norm**
- ❑ **Action: Nearly a dozen communities across Massachusetts have raised the age for tobacco sales to higher than 18 years old within the past year.**
- ❑ **Action: The city of Chicago is committed to curbing the use of menthol-flavored cigarettes:**
 - The Chicago Board of Health hosted town hall meetings to identify policy solutions for curbing the use of menthol-flavored cigarettes among Chicago's youth.
 - Passed Ground Breaking city ordinance: Prohibiting the sale of flavored tobacco products near schools.



Saving Millions of Lives – Doing Much More

- ❑ **Make smoking the exception – not the norm through collaborative efforts**
 - Community and statewide tobacco control programs
- ❑ **The Department of Defense Health Agency has undertaken efforts to reduce tobacco use among Service Members and other beneficiaries.**
 - Established a smoking cessation program under TRICARE, making smoking cessation pharmaceuticals readily available to beneficiaries.



U.S. DEPARTMENT OF DEFENSE

Saving Millions of Lives – Smoke-free Policies

- ❑ **Smoke-free policies in public places**
 - Reduce nonsmokers' exposure to second-hand smoke.
 - Reduce smoking frequency among smokers
- ❑ **Action: In 2012 HHS launched the Tobacco Free College Campus Initiative to encourage the voluntary adoption of tobacco-free policies.**
 - To date more than 1,182 schools across the nation have gone smoke or tobacco-free.



Saving Millions of Lives – Higher Prices

- ❑ **Raise prices and excise taxes**
 - Higher prices prevent initiation of use
 - Reduces prevalence of use among youth

- ❑ **Action: The 2009 Children’s Health Insurance Program Reauthorization Act included an unprecedented \$0.62 tax increase that raised the federal excise tax to \$1.01 per pack of cigarettes**

- ❑ **Action: The President’s Fiscal Year 2014 Budget includes a \$0.94 per pack Federal tobacco tax increase.**

Saving Millions of Lives – FDA Regulations

- ❑ **Effective implementation of FDA's tobacco product regulation:**
 - To reduce tobacco product addictiveness and harmfulness.
 - To prevent false and misleading claims by the tobacco industry of reduced risk.

- ❑ **Expanding research on tobacco use and effective tobacco control policies to better understand the ever changing tobacco use landscape.**
 - NIH-FDA recently collaborated to award \$53 million (FY 2013) to establish 14 Tobacco Centers of Regulatory Science (TCORS).

We Can Be Tobacco-Free

- ❑ *The time is NOW to begin a tobacco-free future.*
- ❑ *We can break the cycle of sickness, disability and death caused by smoking.*
- ❑ *We can reduce the disease and death caused by smoking until the scourge of the tobacco use epidemic becomes a minor public health nuisance.*

We Can Be Tobacco-Free

LET'S MAKE THE NEXT GENERATION **TOBACCO-FREE**

Your Guide to the 50th Anniversary Surgeon General's
Report on Smoking and Health



U.S. Department of Health and Human Services



For more information:



Read the report: www.surgeongeneral.gov

Learn more @ BeTobaccoFree.gov



Follow me on Twitter: @HHS_DrKoh

Questions and Answers



- Feel free to submit questions via the **chat box**

Contact SCLC for technical assistance



CME/CEUs of up to 1.5 credits are available to all attendees for a fee of \$25 per certificate. Instructions will be emailed after the webinar.

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Call us toll-free

- **1-877-509-3786**



Closing remarks

- Please help us by completing the post-webinar survey.
- Thank you for your continued efforts to combat tobacco.
- Registration is now open for SCLC's next webinar on Tuesday, February 25th at 1pm ET, **“Smoke Free Movies: Averting a Million Premature Deaths”**